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Effective on 12/08/2004.				olete if Know			
Fees pursuant to the Consolidated Approp			09/673,884-Conf. #6983				
FEE TRANS			October 23, 2000				
For FY 20			Kiyozo ASADA				
	Examiner Name T		T. E. Strzelecka				
Applicant claims small entity state TOTAL AMOUNT OF PAYMENT	Art Unit 1637						
TOTAL AMOUNT OF PAYMENT (\$) 650.00		Attorney Docket No. 1		422-0443P			
METHOD OF PAYMENT (check	all that apply)			· · · · · ·	· •		
X Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
Deposit Account Deposit Account	Number: 02-2448 Deposit Ac	count Name:	Birch, Stev	wart, Kolasch	& Birch, L	LP	
For the above-identified depo	sit account, the Director is	s hereby authorize	d to: (check	(all that apply)			
Charge fee(s) indicated	1 below	Charge	e fee(s) indi	cated below, e	xcept for t	he filing fee	
	fee(s) or underpayments o	of x Credit	any overpay	yments			
fee(s) under 37 CFR 1	.16 and 1.17						
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES			· · · · · · · · · · · · · · · · · · ·	- .		
· · · · · · · · · · · · · · · · · · ·		ARCH FEES	EXAMINA	ATION FEES			
Application Type Fee (\$	Small Entity) Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos I	Paid (\$)	
Utility 300	150 500		200	100	reesi	alu (v)	
Design 200	100 100	50	130	65			
Plant 200	100 300		160	80			
Reissue 300	150 500	250	600	300			
Provisional 200	100 0	0	0	0			
2. EXCESS CLAIM FEES						Small Entity	
Fee Description Each claim over 20 (including Reiss					<u>Fee (\$)</u>	Fee (\$)	
Each independent claim over 3 (incl	•				50 200	25 100	
Multiple dependent claims					360	180	
Total Claims Extra Claims	Fee (\$) Fee I	Paid (\$)	Mul	itiple Depende			
40			Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for	, if greater than 20.					_	
Indep. Claims							
		0.00					
HP = highest number of independent claims	paid for, if greater than 3.					-	
3. APPLICATION SIZE FEE If the specification and drawings ex listings under 37 CFR 1.52(e)),						0	
sheets or fraction thereof. See 3				•			
<u>Total Sheets</u> <u>Extra Sheet</u> - 100 =	Number of each a	dditional 50 or frac		Fee (\$)	<u>Fee I</u>	Paid (\$)	
4. OTHER FEE(S)		(louild up to a wild	ie Humber) x	 '	Fees	Paid (\$)	
Non-English Specification, \$130) fee (no small entity disc	ount)			1 003	- ~-~ (4)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 1814 Statutory disclaimer 130.00							
SUBMITTED BY	/1						
Signature / Tan	1/20	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 20	5-8000	
Name (Print/Type) Marc S. Weiner				Date	February 20, 2007		
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